



Virginia Department of Education
Office of Adult Education and Literacy
GED Services-21st Floor
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Physical Location
101 N. 14th Street
Richmond, Virginia 23219
(Corner of 14th & Franklin St.)

PLEASE PRINT CLEARLY IN BLACK INK

Payment: Money Order or Check (made payable to: Virginia Department of Education)

Transcript(s) Request
Number of copies _____ \$5.00 per copy

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GED TRANSCRIPT AND DUPLICATE CERTIFICATE REQUEST FORM

NOTE: WE MUST HAVE ALL THE INFORMATION REQUESTED TO PROCESS YOUR APPLICATION

DATE	SOCIAL SECURITY NUMBER: _____ - _____ - _____	DATE OF BIRTH:	MONTH	DAY	YEAR
LAST NAME		FIRST NAME		MIDDLE	
LAST NAME AT TIME OF TESTING		FIRST NAME AT TIME OF TESTING		MIDDLE	
CURRENT STREET ADDRESS				APT.#	
CITY		STATE		ZIP	
HOME PHONE ()		WORK PHONE ()			
CENTER AND LOCATION WHERE YOU TESTED?		DATE OF TEST Month/Year			
PLEASE SEND GED RECORDS TO: NAME		PLEASE SEND GED RECORDS TO: NAME			
ADDRESS		ADDRESS			
CITY	STATE	ZIP	CITY	STATE	ZIP
I, the undersigned, consent to the release of my GED records. _____ DATE _____		If other than the candidate, signature of person requesting GED records. _____ DATE _____			
FOR GED OFFICE USE ONLY					
MAIL ?	WALK - IN ?	DATE REQUEST RECEIVED		DATE REQUEST PROCESSED	
FEE RECEIVED: \$		CHECK NO: _____	MONEY ORDER NO: _____	PROCESSED BY:	
NOTES: _____					